



### Finding the Right Plan for You and Your Family

In 2013, MedStar Health is offering benefits-eligible associates the MedStar Select and CareFirst medical plans. As a resource to you, this document provides a 2013 comparison of coverage for both plans. Use this resource to help determine which medical plan best meets the needs of you and your family.

To receive benefits for 2013, benefits-eligible associates must enroll online during Annual Enrollment, Oct. 29 through Nov. 18. In the coming weeks, a 2013 Annual Enrollment packet will be mailed to your home with more information on benefit coverage.



### MedStar Select Provider Network

A listing of the MedStar Select Provider Network is available on MedStar MyHealth OnLine—[www.MedStarMyHealth.org](http://www.MedStarMyHealth.org). This is just one way to find out if the MedStar Select Plan is the right choice for you and your family. Check the provider network regularly, as it continues to grow and is updated weekly.

To search providers in the CareFirst network, visit [www.carefirst.com](http://www.carefirst.com).



### Lower Your Costs

You can save on your 2013 medical premiums by taking the MyHealth Questionnaire found on MyHealth OnLine. Taking the MyHealth Questionnaire is optional, but can save you \$30 a month—equaling a \$360 yearly savings—when you elect the MedStar Select or CareFirst medical plan for 2013.

# 2013 Medical Plan Options

Benefits	MedStar Select Plan MedStar Network Only	CareFirst PPO Plan		
		In-Network (MedStar)	In-Network (Non-MedStar)	Out-of-Network
<b>Calendar Year Deductible<sup>1</sup></b>				
Per individual	\$0	\$0	\$1,000	\$1,300
Per family	\$0	\$0	\$2,000	\$2,600
<b>Co-Insurance (Percent paid by you)</b>				
% co-insurance, after deductible	None, unless specified	None, unless specified	20%	40%
<b>Annual Co-Insurance Maximum</b>				
Per individual	\$1,000	\$1,000	\$3,000	\$4,000
Per family	\$2,000	\$2,000	\$4,500	\$6,000
<b>Office Visits</b>				
Primary care office visit	Paid in full	\$10 co-pay	\$20 co-pay	40% co-insurance after deductible
Specialty care office visit/clinic	\$20 co-pay	\$20 co-pay	\$40 co-pay	40% co-insurance after deductible
<b>Preventative Services</b>				
Adult physicals/immunizations (One per calendar year)	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
Well child visits/immunization	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
Screenings	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
Annual GYN exam	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
<b>Diagnostic Services<sup>1</sup></b>				
Advanced imaging (e.g., PET, MRI, CT)	\$30 co-pay	\$30 co-pay	\$60 co-pay	40% co-insurance after deductible
Other imaging (e.g., X-ray, Sonogram)	\$15 co-pay	\$15 co-pay	\$30 co-pay	40% co-insurance after deductible
Lab and other services	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
<b>Emergency Care<sup>2</sup></b>				
Ambulance services	Paid in full	Paid in full	Paid in full	Paid in full
Urgent Care	\$10 co-pay	\$15 co-pay	\$40 co-pay	40% co-insurance after deductible
<b>Hospital Facility/Surgical Procedures</b>				
Outpatient surgery	\$50 co-pay per surgery	\$100 co-pay per surgery	20% co-insurance after deductible	40% co-insurance after deductible
Inpatient hospitalization <sup>3</sup>	\$100 co-pay per admission	\$200 co-pay per admission	20% co-insurance after deductible	40% co-insurance after deductible
Medical rehabilitation coverage (medically necessary care-non custodial; limited to 30 days per illness or injury)	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
Anesthesia, assistant surgeon	Paid in full	Paid in full	20% co-insurance after deductible	20% co-insurance after deductible
Gastric bypass <sup>3,4</sup>	Only performed at MedStar Center of Excellence	Only performed at MedStar Center of Excellence	Not covered	Not covered
<b>Allergy Services</b>				
Diagnostic testing	PCP paid in full Specialist \$20 co-pay	PCP \$10 co-pay Specialist \$20 co-pay	PCP \$20 co-pay Specialist \$40 co-pay	40% co-insurance after deductible
Treatment including injections and serum	PCP paid in full Specialist \$20 co-pay	PCP \$10 co-pay Specialist \$20 co-pay	PCP \$20 co-pay Specialist \$40 co-pay	40% co-insurance after deductible
<b>Immunizations and Inoculations</b>				
For common communicable diseases, tests and serum	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
<b>Hospital Physician Services</b>				
Inpatient	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
Outpatient	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
<b>Reproductive Health</b>				
Maternity care <sup>2,3</sup>	\$100 co-pay, waived for maternity care program participants	\$100 co-pay, waived for maternity care program participants	\$600 co-pay	\$600 co-pay, and 40% co-insurance after deductible
Infertility services <sup>3,5</sup>	50% co-insurance	50% co-insurance	50% co-insurance after deductible	50% co-insurance after deductible
<b>Therapy Services</b>				
Physical and occupational (60 visits per year combined) <sup>6</sup>	\$20 co-pay	\$20 co-pay	\$40 co-pay	40% co-insurance after deductible
Speech therapy (60 visits per year)	\$20 co-pay	\$20 co-pay	\$40 co-pay	40% co-insurance after deductible
Cardiac rehabilitation coverage	Paid in full	\$10 co-pay	\$20 co-pay	40% co-insurance after deductible
Pulmonary rehabilitation coverage	Paid in full	\$10 co-pay	\$20 co-pay	40% co-insurance after deductible
Therapeutic manipulation (Chiropractic; 30 visits per year) <sup>6</sup>	\$20 co-pay	\$20 co-pay	\$40 co-pay	40% co-insurance after deductible
Acupuncture	\$20 co-pay	\$20 co-pay	\$40 co-pay	40% co-insurance after deductible
<b>Medical Therapy Services</b>				
Chemotherapy, radiation therapy, dialysis treatment, infusion therapy	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
<b>Mental Health and Substance Abuse</b>				
Mental health/substance abuse inpatient hospital/facility and professional services	\$100 co-pay per hospital admission	\$200 co-pay per hospital admission	\$200 co-pay per hospital admission	40% co-insurance after deductible
Office visits for mental health and substance abuse	Paid in full	\$10 co-pay	\$10 co-pay	40% co-insurance after deductible
<b>Home Health Care Services</b>				
Home health care <sup>3</sup> (60 visits per year, must be coordinated through care management)	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
Private duty nursing <sup>3</sup>	10% co-insurance	10% co-insurance	10% co-insurance after deductible	40% co-insurance after deductible
Skilled nursing facility <sup>3</sup>	\$100 co-pay per admission	\$200 co-pay per admission	20% co-insurance after deductible	40% co-insurance after deductible
<b>Other Medical Services</b>				
Hospice care <sup>3</sup>	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
Dental services related to accidental injury	10% co-insurance	10% co-insurance	20% co-insurance after deductible	40% co-insurance after deductible
Durable medical equipment	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
Organ transplants <sup>3</sup>	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
Nutritional counseling	Paid in full	Paid in full	Paid in full	40% co-insurance after deductible
Diabetic equipment, supplies and education	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible
Glucometer, test strips, lancets, insulin, and syringes	Paid in full	Paid in full	20% co-insurance after deductible	40% co-insurance after deductible

<sup>1</sup> Co-pays do not count toward deductible

<sup>2</sup> Waived co-pays:  
Maternity care admission co-pay waived for participants in the maternity care program; Emergency Room co-pay waived only if admitted; Emergency Services available out-of-network

<sup>3</sup> Pre-authorization required

<sup>4</sup> Centers of Excellence:  
MedStar will cover the treatment for morbid obesity, including surgical treatments, at MedStar Centers of Excellence. Currently, the Bariatric Centers are MedStar Franklin Square Medical Center, 443.777.1158, and MedStar Washington Hospital Center, 202.877.7257.

<sup>5</sup> Benefits for Artificial Insemination (AI) and In Vitro Fertilization (IVF) are combined and limited to four attempts per year and six attempts per lifetime. Includes injectable drugs only.

<sup>6</sup> Treatment plan required after 10 visits for physical therapy and therapeutic manipulation (chiropractic) services